

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO 417)**

SERIAL NO

FILING DATE

APPLICANT

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	NO.	OFF.	NO.	OFF.	NO.	OFF.
1	1		1			
2		1		1		
3						
4	1		1			
5						
6	1					
7		1		1		
8	1					
9						
10						
11	1		1			
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13		1		1		
14	1		1			
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49						
50						
TOTAL NO.	7		6			
TOTAL OFF.	14		11			
TOTAL	18		17			

	NO.	OFF.	NO.	OFF.	NO.	OFF.
61						
62						
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TOTAL NO.						
TOTAL OFF.						
TOTAL						